

# Examination Request Form

Montana Board of Medical Examiners

## Level of Exam

EMT - F ☐

EMT - B ☐

## The Date and Time of the Examination:

*(PRINT, the exact location of the examination, including the name of the institution, exact street address, building and room numbers, city, state, and ZIP code)*

Type	Date	Time	Physical Location
Written			
Practical			

## Contact Information:

*(PRINT, the name, exact street mailing address (no P.O. Box Numbers), and phone number of Exam Coordinator \* and Medical Director that will be accepting responsibility for the examination administration)*

Person (name)	Phone Number	Mailing Address
Exam Coordinator*:		
Medical Director:		

\* Exam Coordinator may be the Lead Instructor in the case of an EMT-First Responder Examination

☐ YES ☐ NO

Do you wish this exam to be listed as an OPEN exam?

*(Are you willing to accept students from outside your community check YES? If yes is checked, your approval posted on the Montana Board of Medical Examiners website will reflect that your exam is OPEN)*

Office Use: #

Written: \_\_\_\_ E \_\_\_\_

Practical: \_\_\_\_ E \_\_\_\_

☐ Exam coordinator approved

☐ Contacted NREMT

☐ Entered on MT web site

☐ Sent materials \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Post exam materials returned` \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail this form to: Montana Board of Medical Examiners, 301 South Park Avenue, PO Box 200513, Helena, MT 59620-0513

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